

SCANNED

PROCESS RECEIPT AND RETURN

PLAINTIFF <u>Darryl Cherry</u>		COURT CASE NUMBER <u>04-04-0272</u>
DEFENDANT <u>Newton E. Kennedy III</u>		TYPE OF PROCESS <u>BIVENS action</u>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Michael D. Bickel</u>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>320 First Street NW Room 1024 Washington D.C. 20534</u>
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Darryl Cherry 07928078</u> <u>FCI McKean</u> <u>P.O. Box 8000</u> <u>L Bradford P.A. 16701</u>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>INCARCERATED PRISONER</u>		Number of process to be served with this Form 285 <u>8</u>
		Number of parties to be served in this case <u>1</u>
		Check for service on U.S.A. <u>X</u>

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

Darryl Cherry

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/2/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No.

District to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

4/2/05

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

4/2/05

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA**

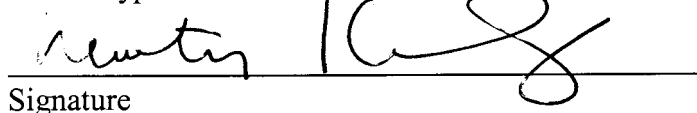
WAIVER OF SERVICE OF SUMMONS

TO: DARRYL LEE CHERRY

I acknowledge receipt of your request that I waive service of a summons in the action of DANIEL LEE CHERRY v. UNITED STATES OF AMERICA, ET AL., which is case number 1:04 CV 00292E in the United States District Court for the WESTERN DISTRICT OF PENNSYLVANIA. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me. I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4. I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons. I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after JUNE 22, 2005, or within 90 days after that date if the request was sent outside the United States.

NEWTON E. KENDIG, M.D.

Printed/typed name



Signature

MEDICAL DIRECTOR, FEDERAL BUREAU OF PRISONS

Title

7-25-05

Date